

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/856105**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		3		
5		3		X		
6		3		1		
7		3		1		
8	1		1			
9		1		1		
10		1		1		
11		3		3		
12		3		X		
13		3		1		
14	1		1			
15		1		1		
16		1		1		
17		3		3		
18		3		X		
19		3		1		
20	1		1			
21		1		1		
22		1		1		
23		3		3		
24		3		X		
25		3		1		
26		3		1		
27	1					
28						
29		2				
30		2				
31		2				
32		2				
33		2				
34		2				
35	1					
36		1		1		
37		1		1		
38		3		3		
39		3		3		
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48						
49						
50						
TOTAL IND.	7		4			
TOTAL DEP.	54		26			
TOTAL CLAIMS	61		30			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

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